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# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

17

Application Number	09/513,239
Filing Date	February 24, 2000
First Named Inventor	Paul W. Romig
Group Art Unit	3728
Examiner Name	Luong, Shian Tinh Nhan

Attorney Docket Number

42445.00059

## ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form (in duplicate)	<input type="checkbox"/> Assignment and Recordation Cover Sheet (for an Application)	<input type="checkbox"/> Request to Correct Filing Receipt
<input checked="" type="checkbox"/> Amendment / Response	<input checked="" type="checkbox"/> Drawing(s) <u>2</u> Sheets Figures 6 and 7	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> With RCE	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
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<input type="checkbox"/> Reference(s)	<input type="checkbox"/> Terminal Disclaimer	<b>Letter To The Official Draftsperson</b>
<input type="checkbox"/> IDS and Form 1449	<input type="checkbox"/> Request for Refund	
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<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
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	Remarks	

TECHNOLOGY CENTER R3700

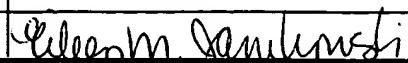
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## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Vidya R. Bhakar, Reg. No. 42,323 Squire, Sanders & Dempsey, L.L.P. 600 Hansen Way Palo Alto, CA 94304-1043
Signature	
Date	February 14, 2003

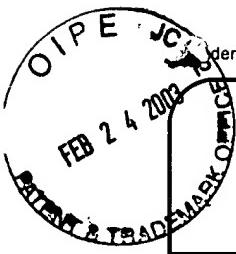
## CERTIFICATE OF MAILING

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# FEE TRANSMITTAL for FY 2003

Effective 01/01/2003. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 1160)

Complete If Known

Application Number	09/513,239
Filing Date	February 24, 2000
First Named Inventor	Paul W. Romig
Examiner Name	Luong, Shian Tinh Nhan
Group / Art Unit	3728
Attorney Docket No.	42445.00059

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METHOD OF PAYMENT (check all that apply)				FEE CALCULATION (continued)											
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: 05-0150  Deposit Account Name: Squire, Sanders & Dempsey, L.L.P.				<b>3. ADDITIONAL FEES</b> <table border="1"> <thead> <tr> <th>Large Entity</th> <th>Small Entity</th> </tr> </thead> <tbody> <tr> <td>Fee Code</td> <td>Fee (\$)</td> <td>Fee Code</td> <td>Fee (\$)</td> <td>Fee Description</td> <td>Fee Paid</td> </tr> </tbody> </table> <p>The Commissioner is authorized to: (check all that apply)</p> <p><input checked="" type="checkbox"/> Charge fee(s) indicated below   <input checked="" type="checkbox"/> Credit any overpayments  <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application  <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.</p>				Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
Large Entity	Small Entity														
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid										
FEE CALCULATION															
1. BASIC FILING FEE															
Large Entity	Small Entity	Fee Description		Fee Paid											
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1001	750	2001	375	Utility filing fee											
1002	330	2002	165	Design filing fee											
1003	520	2003	260	Plant filing fee											
1004	750	2004	375	Reissue filing fee											
1005	160	2005	80	Provisional filing fee											
SUBTOTAL (1)				(\$ 0)											
2. EXTRA CLAIM FEES															
Total Claims	11	-7 **	= 4	X _____	= 0										
Independent Claims	3	-2 **	= 1	X _____	= 0										
Multiple Dependent				X _____	= 0										
Large Entity	Small Entity	Fee Description													
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1202	18	2202	9	Claims in excess of 20											
1201	84	2201	42	Independent claims in excess of 3											
1203	280	2203	140	Multiple dependent claim, if not paid											
1204	84	2204	42	** Reissue independent claims over original patent											
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent											
SUBTOTAL (2)				(\$ 0)											
Other fee (specify) _____															
*Reduced by Basic Filing Fee Paid						SUBTOTAL (3) (\$ 1160)									

\*\*or number previously paid, if greater; For Reissues, see above

SUBMITTED BY						Complete (if applicable)
Name (Print/Type)	Vidya R. Bhakar	Registration No. Attorney/Agent)	42,323	Telephone	(650) 856-6500	
Signature				Date	February 14, 2003	

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, DC 20231.

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PATENT  
Attorney Docket Number: 42445.00059

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

**CERTIFICATE OF MAILING**

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to the Commissioner for Patents, Washington, D.C. 20231, on

Date: February 14, 2003

By: Eileen M. Janikowski  
Eileen Janikowski

H19  
JH  
Bjartmar  
G. Lavoie  
6  
3/3/03

In Re Application of:		Examiner:
Paul W. Romig, et al.		Shian Tinh Nhan Luong
Serial No:	09/513,239	Art Unit: 3728
Filed:	02/24/00	
For:	METHODS AND CONTAINERS FOR PREVENTING CONTAMINATION OF PRODUCTS FROM PRODUCT LABELS AND ADHESIVES	

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Commissioner for Patents  
Washington, D.C. 20231

FEB 27 2003

DOCKET CENTER R370C

**LETTER TO THE OFFICIAL DRAFTSPERSON**  
**(Request To Add New Drawings)**

Dear Official Draftsperson:

Subject to the approval of the Primary Examiner in the above-entitled patent application, please add the enclosed two sheets of informal drawings, containing new Figures 6 and 7 to the above identified patent application.

Applicants respectfully submit that the requested drawing addition is consistent with the accompanying Response With RCE with as filed herewith.

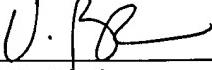
If for any reason an insufficient fee has been paid, the Examiner is hereby authorized to charge the insufficiency to Deposit Account No. 05-0150.

Should the Official Draftsperson have any questions concerning this request, the Official Draftsperson is invited to call the undersigned representative at (650) 843-3215.

Date: February 14, 2003

Respectfully submitted,

Squire, Sanders & Dempsey L.L.P.  
600 Hansen Way  
Palo Alto, CA 94304  
Telephone (650) 856-6500  
Facsimile (650) 843-8777

By:   
Vidya R. Bhakar  
Attorney for Applicants  
Registration No. 42,323